

PRINTER RUSH

(PTO ASSISTANCE)

Application : <u>10/817117</u>	Examiner : <u>Boesen</u>	GAU : <u>1648</u>
From: <u>NPS</u>	Location: <u>IDC</u> FMF FDC	Date: <u>1-29-08</u>
Tracking #: <u>10/817117</u>		Week <u>12-24-07</u> Date:

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>11-28-2007</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW/FWCLM		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: Original claim 15 [new 4] depends upon canceled original claim 13.

Thank You
NPS

[XRUSH] RESPONSE: Please amend claim 15 to be dependent from claim 1, instead of canceled claim 13. AB

INITIALS:

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES: Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.